

## CITY OF LINCOLN\LANCASTER COUNTY AND PUBLIC BUILDING COMMISSION

## ATTACHMENT 1

**UNIT PRICE QUOTATION**  
DEMOLITION SERVICES, Spec. 08-162

Date: \_\_\_\_\_

**TO DEPARTMENT/AGENCY REPRESENTATIVE:** \_\_\_\_\_**FROM (CONTRACTOR):** \_\_\_\_\_**PROJECT NUMBER:** \_\_\_\_\_**PROJECT DESCRIPTION:** \_\_\_\_\_

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

**TIME OF COMPLETION**

Estimated Start Date	
Number of Days to Complete	

**LABOR COST TABLE**

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Truck Driver			
Equipment Operator			
Laborer			
Other			
<b>TOTAL LABOR</b>			

**EQUIPMENT AND MATERIAL COSTS**

ITEM	COST	% of Markup	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

**SUBCONTRACTORS COSTS**

SUB-CONTRACTOR (NAME)	COST	% of Markup	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

**TOTAL PRICE (NOT TO EXCEED)**

\$

**FIRM:** \_\_\_\_\_**BY:** \_\_\_\_\_**ADDRESS:** \_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_**PHONE** \_\_\_\_\_**APPROVED BY:** \_\_\_\_\_

Department/Agency Representative

**DATE:** \_\_\_\_\_

Change Order #: \_\_\_\_\_

Accepted: \_\_\_\_\_

Not Accepted: \_\_\_\_\_